

**South Dakota Department of Labor  
Division of Labor and Management**

**MEMORANDUM OF PAYMENT  
FOR REHABILITATION**

**Claim Administrator Information:**

Claim Administrator Federal ID No \_\_\_\_\_ Carrier Code \_\_\_\_\_ Claim # \_\_\_\_\_  
Name (DBA) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Form Completed By \_\_\_\_\_

**Employer Information:**

Employer Federal ID No \_\_\_\_\_ Employer Name (DBA) \_\_\_\_\_

**Employee/Injury Information:**

Employee/Claimant SSN \_\_\_\_\_ Date of Injury \_\_\_\_\_  
Body Part(s) Injured \_\_\_\_\_  
Employee/Claimant Name \_\_\_\_\_  
(Last) (First) (MI)

**Retraining/Rehabilitation Information:**

Claimant's Gross Average Weekly Wage \_\_\_\_\_  
Claimant's compensation rate is \$ \_\_\_\_\_  
Compensation to be paid for rehabilitation (SDCL 62-4-5.1) is \$ \_\_\_\_\_

The compensation is based on the following information:

The employee is unable to return to his/her usual and customary occupation as of \_\_\_\_\_  
The program of retraining will begin on \_\_\_\_\_ and end on \_\_\_\_\_  
The program of rehabilitation will begin on \_\_\_\_\_  
The program to be undertaken is as follows: (Give a brief description of the program) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional medical treatment is required in the future as a result of such injury, the employer/insurer shall be obligated to pay such future medical expenses.

This memorandum is a receipt only. It does not constitute an agreement, stipulation or release. The Division of Labor and Management retains jurisdiction as to all issues. The employee does not waive his/her right to pursue any benefits to which he/she may be entitled.

Claimant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Claim Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Division of Labor and Management Approval by \_\_\_\_\_ Date \_\_\_\_\_

Submit form to: South Dakota Department of Labor  
Division of Labor and Management  
700 Governors Drive  
Pierre, SD 57501-2291  
Telephone (605)773-3681